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## FAX COVER SHEET

TO: MAIL STOP ISSUE FEE  
U.S. P.T.O.

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Date: May 7, 2008

Sheets: Cover + 6

RE: Applic. S/N 10/788,943; Filed February 26, 2008  
First Named Inventor: CHATTERJEE, Mitrajit, Attorney Docket # IDT-1872

*Message:*

**Please find attached:**

**1. Transmittal;**

**2. Part B-Issue Fee Transmittal + Duplicate;**

**3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence;**

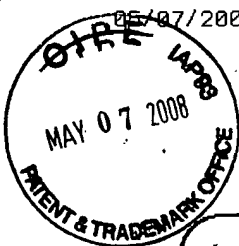
**4. Statement Under 27 CFR 3.73(b);**

**5. "Fee Address" Indication Form.**

**Thank you.**

**Leslie Hoffmann  
Patent Paralegal  
Integrated Device Technology, Inc.**

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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/788,943
	Filing Date	February 26, 2004
	First Named Inventor	CHATTERJEE, Mitrajit
	Art Unit	2177
	Examiner Name	KERVEROS, James C.
Total Number of Pages in This Submission	Attorney Docket Number	IDT- 1872

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Fee Address Indication Form and 3.73 Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	GREG WARDER, REG. NO. 50,208
Signature	
Date	May 7, 2008

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Leslie Hoffmann		
Signature		Date	May 7, 2008

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